

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	3	5877	03-05-01
<b>RESPONSE FORMALITY REVIEW</b>	HL	717	06-20-01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Cancelled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	28
Original	12/5/02
1	12/5/02
2	12/5/02
3	12/5/02
4	12/5/02
5	12/5/02
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8	12/5/02
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44	12/5/02
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47	12/5/02
48	12/5/02
49	12/5/02
50	12/5/02

Claim	Date
Final	51
Original	51
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Claim	Date
Final	101
Original	101
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If more than 150 claims or 10 actions  
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